
**2-D Bar
Code**

X

Utah Individual Income Tax Return

X

1 Filing Status - enter code A = Single • C B = Head of Household C = Married filing jointly D = Married filing separately E = Qualifying widow(er)	• 2 Exemptions - enter number <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> a 1 Yourself b 1 Spouse c 1 Dependents d 1 Disabled dependents - see instr. e 4 Total exemptions (add a through d) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>from federal return</div> </div>	3 Election Campaign Fund - enter code C = Constitution Yourself Spouse D = Democrat • D • D R = Republican N = No contribution Does not increase tax or reduce refund
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4 a	Federal adjusted gross income	• 4 a	5 6 5 2 4 .		
4 b	Additions to income from form TC-40S, Part 1	4 b	1 3 6 2 .	4	5 7 8 8 6 .
5 a	State tax refund included on federal form 1040	• 5 a	.		
5 b	Deductions from income from form TC-40S, Part 2	5 b	1 6 5 0 0 .	5	1 6 5 0 0 .
6	Modified federal adjusted gross income (subtract line 5 from line 4)	• 6	4 1 3 8 6 .		
7	State income tax deducted as an itemized deduction on federal form 1040, Sch. A	• 7	.		
8	Total adjusted income (add lines 6 and 7)	8	4 1 3 8 6 .		
9 a	Standard or itemized deduction	• 9 a	1 0 7 0 0 .		
9 b	Personal exemptions deduction (multiply \$2,550 by line 2e, unless limited)	• 9 b	1 0 2 0 0 .		
9 c	One-half of the federal tax	• 9 c	2 2 8 1 .		
9 d	Retirement exemption/deduction - TC-40B. Check box(es) if age 65 or over	• 9 d	.	• TP	• SP
9 e	Other deductions from form TC-40S, Part 3	9 e	2 2 5 8 .	9	2 5 4 3 9 .
1 0	Utah taxable income (subtract line 9 from line 8) If less than zero, enter zero	• 1 0	1 5 9 4 7 .		
1 1	Enter "X" if you are a qualified exempt taxpayer (see instructions)	• 1 1			
1 2	Traditional tax calculation (calculate tax on page 17)	• 1 2	8 2 5 .		
1 3	Flat tax rate calculation (multiply line 6 by .0535) See instr for UESP credit	• 1 3	2 2 1 4 .		
1 4	Utah income tax (enter the lesser of line 12 or line 13)			1 4	8 2 5 .
1 5	FOR NON OR PART-YEAR RESIDENTS ONLY - Attach form TC-40C	• Nonresident		• Part-year resident	
	Box a - from Col. A, line 32	Box b - from Col. B, line 32	Box c - Utah income tax ratio	(Line 14 x Box c)	

• . / • . = • 15 .

Last name

HENDERSON

SSN

400-00-5204

1 6	Enter tax (full-year resident, enter tax from line 14 - non or part-year resident, enter tax from line 15)	1 6	8 2 5 .																																			
1 7	Nonrefundable credits from form TC-40S, Part 4	1 7	1 3 5 6 .																																			
1 8	Subtract line 17 from line 16 (Note: if line 17 is greater than or equal to line 16, enter zero)	1 8	0 .																																			
1 9	Contributions - add lines 19a through 19e and enter total contributions on line 19																																					
	<table border="0"> <tr> <th>Code</th> <th>Description</th> <th>Code</th> <th>Amount</th> <th>Sch Dist Code</th> </tr> <tr> <td>0 1</td> <td>Utah Nongame Wildlife Fund</td> <td>• 1 9 a</td> <td>0 8</td> <td>4 0 .</td> </tr> <tr> <td>0 2</td> <td>Pamela Atkinson Homeless Trust Fund</td> <td>• 1 9 b</td> <td>0 9</td> <td>1 0 .</td> </tr> <tr> <td>0 3</td> <td>Kurt Oscarson Children's Organ Transplant Fund</td> <td>• 1 9 c</td> <td></td> <td>.</td> </tr> <tr> <td>0 5</td> <td>School District & Nonprofit School District Foundation</td> <td>• 1 9 d</td> <td></td> <td>.</td> </tr> <tr> <td>0 8</td> <td>Wolf Depredation Fund</td> <td>• 1 9 e</td> <td></td> <td>.</td> </tr> <tr> <td>0 9</td> <td>Cat & Dog Community Spay and Neuter Program</td> <td></td> <td></td> <td></td> </tr> </table>	Code	Description	Code	Amount	Sch Dist Code	0 1	Utah Nongame Wildlife Fund	• 1 9 a	0 8	4 0 .	0 2	Pamela Atkinson Homeless Trust Fund	• 1 9 b	0 9	1 0 .	0 3	Kurt Oscarson Children's Organ Transplant Fund	• 1 9 c		.	0 5	School District & Nonprofit School District Foundation	• 1 9 d		.	0 8	Wolf Depredation Fund	• 1 9 e		.	0 9	Cat & Dog Community Spay and Neuter Program				1 9	5 0 .
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2 0	AMENDED RETURNS ONLY - previous refund	• 2 0	.																																			
2 1	Recapture of low-income housing credit	• 2 1	.																																			
2 2	Utah use tax	• 2 2	.																																			
2 3	Total tax, use tax and additions to tax (add lines 18 through 22)	2 3	5 0 .																																			
2 4	UTAH TAX WITHHELD (must attach W-2s and/or 1099 forms)	• 2 4	1 9 3 3 .																																			
2 5	Credit for Utah income taxes prepaid	• 2 5	.																																			
2 6	AMENDED RETURNS ONLY - previous payments	• 2 6	.																																			
2 7	Refundable credits from form TC-40S, Part 5	2 7	1 4 9 .																																			
2 8	Total withholding and credits (add lines 24 through 27)	2 8	2 0 8 2 .																																			
2 9	Tax Due - if line 23 is greater than line 28, subtract line 28 from line 23	TAX DUE • 2 9	.																																			
3 0	Penalty and interest	3 0	.																																			
3 1	Pay this amount (add lines 29 and 30)	3 1	.																																			
3 2	Refund - if line 28 is greater than line 23, subtract line 23 from line 28	REFUND • 3 2	2 0 3 2 .																																			
3 3	Enter the amount of refund you want applied to your 2008 taxes	• 3 3	.																																			
3 4	DIRECT DEPOSIT YOUR REFUND. Complete information below.																																					
	• Routing number 1 2 5 0 0 9 1 5 6 • Account number 1 4 4 7 6 5 2 0 0 5 0	checking savings Acct type • • X																																				

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status.

SIGN Your signature

Date

Spouse's signature

Date

HERE

Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN	•
Paid Preparer's	Preparer's signature	Preparer's telephone number	Preparer's SSN/PTIN	•
Section	Firm's name and address		Preparer's EIN	•

Last name HENDERSON

SSN 400-00-5204

Part 1 - Additions to Income (write the code and amount of each addition to income, see pages 5 and 6)

Code		Code		
5 1	Lump sum distribution	5 6	Child's income excluded from parent's return	• 51 350 .
5 2	State taxes allocated from estate/trust	5 7	Municipal bond interest	
5 3	Medical Savings Account (MSA) *	6 0	Untaxed income of a resident trust	• 69 1012 .
5 4	Utah Educational Savings Plan (UESP) *	6 1	Untaxed income of a nonresident trust	
5 5	Reimbursed adoption expenses *	6 9	Equitable adjustments	• .
	* to the extent previously deducted from Utah income			• .
Total additions to income (add all additions to income and enter total here and on TC-40, line 4b)				1362 .

Part 2 - Deductions from Income (write the code and amount of each other deduction, see pages 6 and 7)

Code		Code		
7 1	Interest from U.S. Government Obligations	7 8	Railroad retirement income	• 77 16500 .
7 7	Native American income:	7 9	Equitable adjustments	
	Enrollment number & Tribe -	8 2	Nonresident active duty military pay	• .
	Primary • 967700112 5	8 5	State tax refund distributed to beneficiary	• .
	Secondary •			• .
				• .
				• .
Total deductions from income (add all deductions from income and enter total here and on TC-40, line 5b)				16500 .

Part 3 - Other Deductions from Income (write the code and amount of each other deduction, see pages 8 and 9)

Code		Code		
7 2	Medical Savings Account (MSA)	7 5	Long-term care insurance premiums	• 76 2258 .
7 3	Utah Educational Savings Plan (UESP)	7 6	Adoption expenses	
7 4	Health care insurance premiums	8 1	Gains on capital transactions	• .
				• .
				• .
				• .
				• .
Total other deductions (add all other deductions and enter total here and on TC-40, line 9e)				2258 .

Attach completed schedule to your 2007 Utah Income Tax return

Last name

HENDERSON

SSN

400-00-5204

Part 4 - Nonrefundable Credits (write the code and amount of each nonrefundable credit, see pages 10 through 13)

<u>Code</u>		<u>Code</u>		
0 1	At-home parent	1 0	Recycling market development zone	• 03 1100 .
0 2	Qualified sheltered workshop - enter name below	1 1	Tutoring disabled dependents	
		1 2	Research activities	• 05 156 .
0 3	Carryover of prior credit for energy systems	1 3	Research machinery/equipment	
0 5	Clean fuel vehicle	1 7	Tax paid to another state (attach TC-40A)	• 11 100 .
0 6	Historic preservation	1 9	Live organ donation expenses	
0 7	Enterprise zone	2 1	Renewable residential energy systems	• .
0 8	Low-income housing			• .
				• .
Total nonrefundable credits (add all nonrefundable credits and enter total here and on TC-40, line 17)				1356 .

Part 5 - Refundable Credits (write the code and amount of each refundable credit, see page 15)

<u>Code</u>		<u>Code</u>		
3 9	Renewable commercial energy systems	4 6	Mineral production withholding	• 48 149 .
4 0	Targeted business tax credit	4 7	Agricultural off-highway gas/undyed diesel	
4 1	Special needs adoption credit	4 8	Farm operation hand tools	• .
4 3	Nonresident shareholder's withholding			• .
	FEIN -			• .
Total refundable credits (add all refundable credits and enter total here and on TC-40, line 27)				149 .

Attach completed schedule to your 2007 Utah Income Tax return

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 43-7685943				1 Wages, tips, other compensation 16,500	2 Federal income tax withheld 1,015		
c Employer's name, address, and ZIP code SOLO CITY ORCHESTRA SOLO CENTER SUITE 420 SOLO MO 65564				3 Social security wages 16,500	4 Social security tax withheld 1,023		
				5 Medicare wages and tips 16,500	6 Medicare tax withheld 239		
				7 Social security tips	8 Allocated tips		
d Employee's social security number 400-00-5204				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name WILLIAM J. HENDERSON 1245 NATIVE STREET SANDPOINT, UT 84004				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State UT	Employer's state I.D. no. Y92345	16 State wages, tips, etc. 16,500	17 State income tax 570	18 Locality name	19 Local wages, tips, etc.	20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 87-4178113				1 Wages, tips, other compensation 39,500		2 Federal income tax withheld 2,429	
c Employer's name, address, and ZIP code AMERICAN OUTLET 4201 DUSTY RD SANDPOINT UT 84004				3 Social security wages 39,500		4 Social security tax withheld 2,449	
				5 Medicare wages and tips 39,500		6 Medicare tax withheld 573	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5204				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name WILLIAM J. HENDERSON 1245 NATIVE STREET SANDPOINT, UT 84004				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT W14918		16 State wages, tips, etc. 39,500		17 State income tax 1,363		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code PUMPERNICKLE RYE AND HOAGIE 87 SUBWAY CENTER SANDWICH MA 02563		1 Gross distribution \$ 350.00		OMB No. 1545-0119 2007 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.
		2a Taxable amount \$ 350.00			
		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>			
PAYER'S Federal identification number 04-9876542	RECIPIENT'S identification number 400-00-5224	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
RECIPIENT'S name KAREN P. HENDERSON		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 123 FRONT ST		7 Distribution code(s) 7	8 Other \$ %		
City, state, and ZIP code PUNTA GORDA BELIZE 94666		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (optional)		10 State tax withheld \$	11 State/Payer's state no. UT Y84117		
		13 Local tax withheld \$	14 Name of locality		
			15 Local distribution \$		

Form **1099-R**

Cat. No. 14436Q

Department of the Treasury - Internal Revenue Service

Label

(See instructions on page 16.)
Use the IRS label.
Otherwise, please print or type.

L
A
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E

For the year Jan. 1–Dec. 31, 2007, or other tax year beginning

, 2007, ending

, 20

OMB No. 1545-0074

Your first name and initial

WILLIAM J

Last name

HENDERSON

Your social security number

400 00 5204

If a joint return, spouse's first name and initial

KAREN P

Last name

HENDERSON

Spouse's social security number

400 00 5224

Home address (number and street). If you have a P.O. box, see page 16.

1245 NATIVE AVE

Apt. no.

▲ You must enter your SSN(s) above. ▲

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

SANDPOINT UT 84004-0123

Checking a box below will not change your tax or refund.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ▶

☐ You ☐ Spouse

Filing Status

Check only one box.

- 1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 19.

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☒ Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If qualifying child for child tax credit (see page 19)
KARLA HENDERSON 414 18 1617 DAU
d Total number of exemptions claimed

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

1

• did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above ▶

3

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends (see page 23)
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐
14 Other gains or (losses). Attach Form 4797
15a IRA distributions
16a Pensions and annuities
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
21 Other income. List type and amount (see page 29)
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

7 56000

8a 174

8b

9a

9b

10

11

12

13

14

15a

15b

16a

16b 350

17

18

19

20a

20b

21

22 56524

Adjusted Gross Income

- 23 Educator expenses (see page XX)
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 One-half of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction (see page 29)
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN ▶
32 IRA deduction (see page 31)
33 Student loan interest deduction (see page 33)
34 Tuition and fees deduction. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 31a and 32 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income ▶

23

24

25

26

27

28

29

30

31a

32

33

34

35

36

37

56524

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	56524
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10700
41	Subtract line 40 from line 38	41	45824
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page XX.	42	10200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	35624
44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	4561
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	4561
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page XX). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	4561

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	4561

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1015
65	2007 estimated tax payments and amount applied from 2006 return	65	3000
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 60)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	4015

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	546
77	Estimated tax penalty (see page 62)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☐ Yes. Complete the following. ☐ No

Designee's name Phone no. () Personal identification number (PIN)

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	

